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## BIB DATA SHEET

CONFIRMATION NO. 9182

|  |   |  |  |                                      |                           |                                |
|--|---|--|--|--------------------------------------|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/525,830   | <b>FILING or 371(c) DATE</b><br>06/16/2005<br><b>RULE</b>   | <b>CLASS</b><br>052  | <b>GROUP ART UNIT</b><br>3635                                | <b>ATTORNEY DOCKET NO.</b><br>122922 |                           |                                |
| <b>APPLICANTS</b><br>Yukihiro Ichikawa, Nagoya-city, JAPAN;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP03/11310 09/04/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2002-260545 09/05/2002<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>08/25/2006 |   |  |  |                                      |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/CHI Q NGUYEN/</u><br>Examiner's Signature                              |   | <input type="checkbox"/> Met after Allowance<br>cn<br>Initials | <b>STATE OR COUNTRY</b><br>JAPAN                             | <b>SHEETS DRAWINGS</b><br>11         | <b>TOTAL CLAIMS</b><br>17 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>OLIFF & BERRIDGE, PLC<br>P.O. BOX 320850<br>ALEXANDRIA, VA 22320-4850<br>UNITED STATES   |   |  |  |                                      |                           |                                |
| <b>TITLE</b><br>Honeycomb structure and die for forming honeycomb structure  |   |  |  |                                      |                           |                                |
| <b>FILING FEE RECEIVED</b><br>1030   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees                            |                                      |                           |                                |
|  |   |  | <input type="checkbox"/> 1.16 Fees (Filing)                  |                                      |                           |                                |
|  |   |  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                                      |                           |                                |
|  |   |  | <input type="checkbox"/> 1.18 Fees (Issue)                   |                                      |                           |                                |
|  |   |  | <input type="checkbox"/> Other _____                         |                                      |                           |                                |
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